

GUIDELINES BQIS POST-TRANSITION QUALITY ASSURANCE CHECKLIST

EFFECTIVE APRIL 15, 2007

1	Personal belongings in the home and available to resident?	<ul style="list-style-type: none"> a) Belongings readily available to the individual. b) The Individual is not dependent upon staff to access their possessions. c) Restrictions (if any) are identified in the PCP/ISP/BSP. d) The individual received all of their belongings from the previous setting.
2	Home adaptations in place (list adaptations per PCP/ISP)?	<ul style="list-style-type: none"> a) Home Adaptations (for example - grab bars, hand rails, ramps) are in place according to the transition plan/ISP/PCP and allow the individual to move about the home as independently as possible.
3	Is an emergency telephone list present? (N/A for Nursing Home Placement)	<ul style="list-style-type: none"> a) An emergency telephone list is posted in an area visible from the phone (or as indicated in the PCP/ISP) that includes numbers for: <ul style="list-style-type: none"> i. The local emergency number (e.g. 911) ii. The Individual's legal representative (or advocate, if applicable) iii. The assigned BDDS service Coordinator iv. The Case Manager or QMRP v. Adult Protective Services, or Child Protective Services – depending on age of Individual vi. The Developmental Disabilities Ombudsman – Only if Waiver, not for SGL vii. Any other Service Provider Identified
4	Medical equipment (ex: G-tube, C-pap, and Oxygen) and adaptive equipment present (mealtime equipment, communicative devices, braces etc.)	<ul style="list-style-type: none"> a) All medical/adaptive equipment indicated as needed in the transition plan/PCP/ISP is present and in good condition, being used by the Individual as prescribed. <ul style="list-style-type: none"> i. Communication devices ii. wheel chair iii. Braces iv. eyeglasses v. G-Tubing and supplies vi. adapted spoon – other dining utensils vii. adapted bed vii. other
5	Home Clean and Hygienic? (N/A for Nursing Home Placements)	<ul style="list-style-type: none"> a) The home looks and smells clean. b) The flooring and walls are clean. c) There are no offensive odors. d) The kitchen and bathrooms are clean and appear sanitary.
6	Safe storage of medications, cleaning supplies, knives and other potential hazards? (N/A for Nursing Home Placements)	<ul style="list-style-type: none"> a) Medications are stored safely according to the transition plan/ISP/PCP. (Note: if the Transition Plan/ISP/PCP does not give guidance to medication storage, medications are stored in original containers and in a locked area.) b) Cleaning supplies stored separately from food & medication. c) Chemicals, sharp instruments and other hazardous items stored in a manner which ensures the safety of the Individual per the support plan.
7	House, lot, yard, garage, walks, driveway, etc., free of environmental hazards? (N/A for Nursing Home Placements)	<ul style="list-style-type: none"> a) There are no obvious hazards. b) The home is free of broken furniture or windows, piled trash, nails protruding, etc. c) Sidewalks level; ramps, rails, etc. stable & secured when tested. d) No bare light bulbs, exposed wiring, frayed cords, or overloaded wall sockets.
8	Hot water no warmer than 110° Fahrenheit?	<ul style="list-style-type: none"> a) If water temperature is not addressed in the Transition Plan/PCP/ISP, or if it indicates that the

	(N/A for Nursing Home Placements)	<p>individual can not independently mix the water, hot water can no warmer than 110° F as tested in the bathroom and kitchen sinks. Test by ensuring water is at maximum temperature by allowing full stream running (for approximately 3 minutes), and use a cup to catch and test sample.</p> <p>b) If the Transition Plan/ISP/PCP indicates that the individual can mix water independently, surveyor will test the water and report findings as a courtesy only and will mark the tool N/A.</p> <p>c) "Staff will mix water for the individual" is never an acceptable option for water over 110° F for individuals who cannot mix independently.</p>
9	Support plan updated? (N/A for Nursing Home Placements)	a) The Support Plan has been updated and is in the home and available to staff.
10	Transportation needs met? (N/A for Nursing Home Placements)	<p>a) Individuals are not restricted in access to the community by lack of transportation.</p> <p>b) The individual has appropriate transportation for shopping, going to the doctor or leisure outings.</p>
11	Are all issues identified as "High Risk" addressed appropriately?	<p>a) Documents identifying and describing each risk issue are present.</p> <p>b) A plan for each identified risk issue containing specific interventions is in the home and is readily available to staff.</p> <p>c) Provider staff demonstrate knowledge of each risk issue, the corresponding interventions for each risk issue, and the negative consequences if plans are not implemented.</p> <p>d) Staff have an identified contact person for problems with high risk issues (example: contact program director when individual does not self-correct a "trigger" associated with dysphagia).</p> <p>e) Documentation procedures for implementation of each risk plan, including the results of implementation of each plan, are in place and being executed per the plan (example: occurrence of "triggers" with dysphagia, intervention taken by staff, and results of intervention).</p> <p>f) Monitoring and revision of each risk plan is occurring as described in the plan.</p>
12	Day program needs met and include meaningful work opportunities in community, based on preferences? (N/A for Nursing Home Placements)	<p>a) The individual is attending day programs according to the individuals Transition Plan/ISP/PCP (If not actively attending, mark "No").</p> <p>b) The Individual is satisfied with day services.</p> <p>c) If day services are not specified in the Transition Plan/ISP/PCP this is marked N/A.</p>
13	Other programs/training (other than day program) relevant and functional and based on preferences? (N/A for Nursing Home Placements)	a) The activities the Individual is engaged in during the day outside of day service programs are relevant to the goals and needs identified in the Transition Plan/ISP/PCP.
14	Opportunities for leisure based on preferences and promoting independence. (N/A for Nursing Home Placements)	a) The Individual participates in preferred activities in home and out of home, as identified in the Transition Plan/ISP/PCP.
15	Opportunities for community experiences based on preferences and promoting independence? (N/A for Nursing Home Placements)	<p>a) Based on the individual's strengths and the information in their Transition Plan/ISP/PCP, participation in community leisure and/or recreational activities occurs on a regular basis, encouraging independence, integration into the community, and making connections with others... AND</p> <p>b) The individual goes to places outside their home to shop, bank, take care of pharmacy needs, etc.</p>
16	Data collection processes in place and consistently implemented? (N/A for a Nursing Facility)	<p>a) Data is collected as designated in the ISP.</p> <p>b) For an SGL, data collection is not required for the first 30 days. This should be marked "No" until new objectives are in place and data is being collected.</p> <p>c) Blank data sheets result in "no" score.</p>

17	If medications have been changed, is there documented justification for the changes?	a) There is documented justification (a reason) from the physician/psychiatrist for any change in the medication regime (increases; decreases; starting; stopping; etc.).
18	Medication administered and charted appropriately? (N/A for a Nursing Facility)	a) The MAR's indicate that the medication is administered according to physician's orders and are charted appropriately. b) "No" scores result when there are missed doses, unfilled prescriptions, medications not available, medications given at incorrect times (with or without explanations) etc. c) Appropriately explained and documented "documentation errors" do not constitute a "No". d) If the Transition Plan/ISP indicates that the individual is independent in taking medications – the plan for doing so is being followed.
19	PRN Psychotropic medications reported and documented? (N/A for a Nursing Facility)	a) If there is evidence (MAR's, Physicians orders) that PRN psychotropic medications have been used, detailed documentation describing each usage is available. b) An incident report is filed for each usage.
20	Adequate staff assigned and present? (N/A for a Nursing Facility)	a) Staffing ratios during the visit match requirements as outlined in the Transition Plan/ISP/CCB.
21	Staff trained on Individual's medical needs including side effects of medications?	a) Documentation confirms all staff working with the individual has been trained on medical needs and side effects of medications. b) If documentation does not clearly indicate staff training, direct service staff are knowledgeable in both of these areas via interview. If staff are not available to answer questions, mark this question "No".
22	Elimination Patterns are monitored with input and output records kept, as applicable to individual's needs?	a) If applicable, documentation is present to demonstrate consistent tracking of elimination patterns and input/output.
23	Staff trained on Individual's dietary/nutritional needs?	a) Documentation confirms all staff working with the individual has been trained on dietary/nutritional needs. b) If documentation does not clearly indicate staff training, direct service staff are knowledgeable in both of these areas via interview. If staff are not available to answer questions, mark this question "No".
24	Dining Plans/dysphagia plans as indicated in the ISP, are readily available for use by staff during consumption of food or fluids?	a) If applicable, dysphagia plans are readily available for use by staff during meal times. b) Interview with staff clearly indicates staff are knowledgeable of the plans.
25	Staff trained on Individual's personal hygiene needs?	a) Documentation confirms all staff working with the individual has been trained on the individual's personal hygiene needs. b) If documentation does not clearly indicate staff training, direct service staff are knowledgeable in this area via interview. If staff are not available to answer questions, mark this question "No".
26	Staff trained on Individual's mobility needs?	a) Documentation confirms all staff working with the individual has been trained on mobility needs. b) If documentation does not clearly indicate staff training, direct service staff are knowledgeable in this area via interview. If staff are not available to answer questions, mark this question "No".
27	Staff trained on Individual's behavioral considerations and psychiatric needs/symptoms ?	a) Documentation confirms all staff working with the individual has been trained on the individual's behavioral considerations and psychiatric needs/symptoms. b) If documentation does not clearly indicate staff training, direct service staff are knowledgeable in this area via interview. If staff are not available to answer questions, mark this question "No".

28	Augmentative communication plan developed and implemented addressing primary need to communicate as indicated for individual, and staff trained on plan?	a) If applicable, a communication plan is present and being implemented to address the individual's primary need to communicate. b) Any communication device ordered is present and being used. c) Staff are knowledgeable of the communication plan. d) Staff have been trained on the plan.
29	Chronology of medical history available and shared with medical providers at time of consult or visit. (N/A for a Nursing Facility)	a) A chronological medical history is available for review. b) Documentation is present to indicate that chronological medical information has been shared with medical providers at the time of the consult or visit.
30	Individual has seen personal physician, with resulting recommendations reviewed by the IST? (enter name, phone #, and appt. date/time) (N/A for a Nursing Facility)	a) The name and contact information must be present for the physician including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed. b) This question will be marked "no" if documentation confirming the appointment occurred is not present for review. c) If an individual is moving from one residence to another and the physician remains the same with uninterrupted services, note so on checklist and mark "NA".
31	System in place to follow up on results of blood tests. (N/A for a Nursing Facility)	a) If the individual requires lab testing per the ISP/PCP/Transition plan, documentation of results are available for review. b) Documentation is present regarding the physician's review and or recommendations regarding the lab results.
32	Individual saw personal dentist with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) N/A for a Nursing Facility	a) The name and contact information must be present for the dentist including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed. b) This question will be marked "no" if documentation confirming the appointment occurred is not present for review. c) If an individual is moving from one residence to another and the dentist remains the same with uninterrupted services, note so on checklist and mark "NA".
33	Individual saw psychiatrist, if indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) N/A for a Nursing Facility	a) If the transition support plan/ISP/PCP indicates the need for a psychiatrist, the name and contact information must be present for the Psychiatrist including the scheduled appointment date and time and the telephone number where the appointment can be confirmed. b) This question will be marked "no" if documentation confirming that the appointment occurred is not present for review. c) If an individual is moving from one residence to another and the Psychiatrist remains the same with uninterrupted services, note so on checklist and mark "NA".
34	Individual saw Neurologist, if indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) N/A for a Nursing Facility	a) If the Transition Support Plan/ISP/PCP indicates the need for a neurologist, the name and contact information must be present for the neurologist including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed. b) This question will be marked "no" if documentation confirming the appointment has occurred is not present for review. c) If an individual is moving from one residence to another and the Neurologist remains the same with uninterrupted services, note so on checklist and mark "NA".
35	Individual has seen behavior support provider, if indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time)	a) If the Transition Support Plan/ISP/PCP indicates the need for Behavioral support, the name and contact information must be present for the behavioral clinician including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed. b) This question will be marked "no" if documentation confirming the appointment has occurred is not

	<i>N/A for a Nursing Facility</i>	<p>present for review.</p> <p>c) If an individual is moving from one residence to another and the behavioral clinician remains the same with uninterrupted services, note so on checklist and mark "NA".</p>
36	Any restrictive procedure has Human Rights approval and informed consent. (<i>N/A for a Nursing Facility</i>)	<p>a) If the BSP contains evidence of restrictive procedures, evidence is present confirming informed consent from the individual or legal guardian.</p> <p>b) HRC approval is present for any restrictive procedures.</p>
37	Behavior specialist trains lead and or supervisory staff in behavior plan implementation and monitors implementation of plan. (<i>N/A for a Nursing Facility</i>)	<p>a) If the individual has a need for behavior supports, documentation is present to indicate that lead and/or supervisory staff have been trained on the individual's support plan. Enter the name of the staff, and the date and time of training.</p> <p>b) Evidence is present of the Behavioral Clinician's monitoring of the plan. (i.e. – staff indicate adequate involvement of the BC; data collection systems are in place and being implemented)</p>
38	Individual has seen OT as indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) <i>N/A for a Nursing Facility</i>	<p>a) If the Transition Support Plan/ISP/PCP indicates the need for OT services, the name and contact information must be present for the OT including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed.</p> <p>b) This question will be marked "no" if documentation confirming that the appointment has occurred is not present for review.</p> <p>c) If an individual is moving from one residence to another and the OT remains the same with uninterrupted services, note so on checklist and mark "NA".</p>
39	Individual has seen PT as indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) <i>N/A for a Nursing Facility</i>	<p>a) If the Transition Support Plan/ISP/PCP indicates the need for PT services, the name and contact information must be present for the PT including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed.</p> <p>b) This question will be marked "no" if documentation confirming that the appointment has occurred is not present for review.</p> <p>c) If an individual is moving from one residence to another and the PT remains the same with uninterrupted services, note so on checklist and mark "NA".</p>
40	Individual has seen Speech and Language pathologist as indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) <i>N/A for a Nursing Facility</i>	<p>a) If the Transition Support Plan/ISP/PCP indicates the need for SLP services, the name and contact information must be present for the SLP including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed.</p> <p>b) This question will be marked "no" if documentation confirming that the appointment has occurred is not present for review.</p> <p>c) If an individual is moving from one residence to another and the SLP remains the same with uninterrupted services, note so on checklist and mark "NA".</p>
41	Individual has seen dietician as indicated, with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) <i>N/A for a Nursing Facility</i>	<p>a) If the Transition Support Plan/ISP/PCP indicates the need for Dietician services, the name and contact information must be present for the Dietician including the scheduled appointment date and time, and the telephone number where the appointment can be confirmed.</p> <p>b) This question will be marked "no" if documentation confirming that the appointment has occurred is not present for review.</p> <p>c) If an individual is moving from one residence to another and the Dietician remains the same with uninterrupted services, note so on checklist and mark "NA".</p>
42	Individual saw other medical specialists as indicated with resulting recommendations reviewed by IST? (enter name, phone #, and appt. date/time) (<i>N/A for a Nursing Facility</i>)	<p>a) If the Transition Support Plan/ISP/PCP indicates the need for other medical specialists, the name and contact information must be present for these specialists including the scheduled appointment date and time, and the telephone number where the appointment/s can be confirmed.</p> <p>b) This question will be marked "no" if documentation confirming that the appointment/s occurred is not present for review.</p>

		c) If an individual is moving from one residence to another and the Medical Specialist/s remains the same with uninterrupted services, note so on checklist and mark "NA".
43	Is the Individual adjusting to the home (i.e.- is there a lack of any observed or reported problems such as poor eating, sleeping disturbance depression, etc) ?	a) There is no evidence indicating that the individual is having unusual problems with eating, sleeping, getting along with others, crying or being depressed or withdrawn, etc. b) If evidence does exist of adjustment issues, there is appropriate documentation of the team's efforts to address problems.
44	If there have been any recent illnesses, injuries, or hospitalizations, did the individual received appropriate medical care, with appropriate documentation? (list illnesses with dates) (N/A for a Nursing Facility)	a) Documentation shows the individual received appropriate, prompt medical attention. b) Incident reporting occurred as indicated per policy. c) If a follow up visit was recommended, documentation is available of appointment being scheduled and kept. If not, mark this issue a "no".
45	If there has been a change in home, provider or Case Manager/QMRP, has the change resulted in positive outcomes for the Individual? (N/A for a Nursing Facility)	a) The individual was involved in the decision for change. b) Documentation exists indicating the reasons for the change. c) There is documentation of positive outcomes for the individual related to the change.
46	Does interview or documentation indicate adequate involvement from the case manager, if on the waiver? (N/A for a Nursing Facility or SGL placement)	a) Interview of staff and individual indicates that the CM has had contact with the individual to their satisfaction. b) There are no ongoing issues of inadequate or incomplete service issues not addressed by the CM.
47	Does a review of the documentation indicate that the BDDS incident policy is being followed? (If no – document dates and types of incidents on this form and assure that the incident is filed per the BDDS Incident and file an incident regarding the non-reporting of the initial incident.) (N/A for a Nursing Facility)	a) There is no evidence of BDDS reportable issues or events occurring that have not been reported. b) If there have been unreported reportable incidents, document date and type of incident on the post transition checklist and assure incident report is filed per BDDS policy – note the name of the individual responsible to complete the report.
48	Are all reported incidents resolved appropriately? (N/A for a Nursing Facility)	a) Review BDDS incident reports including follow up, in preparation for the visit. b) Verify that follow up has satisfactorily addressed the identified issue. c) Verify that systems are in place to prevent reoccurrence of the incident.
49	Are all needs (with emphasis on High-Risk needs) addressed at out-of-home habilitation service locations, including documentation of communication between the residential provider and providers at the out-of-home locations?	a) If the individual is receiving services other than RHS (day services, supported employment) from another provider, the QC must go to the site of the service delivery to ensure that: <ol style="list-style-type: none"> 1. A system is in place for ongoing communication between the RHS provider and all other providers. 2. All staff who work with the individual are implementing services in accordance with the ISP. 3. The provider has all necessary information (ISP, PCP, High risk info, medical info, etc.) regarding the individual to assist in the individual's care, treatment, and training. 4. With regard to high risk issues: <ol style="list-style-type: none"> i. A plan for each identified risk issue containing specific interventions is at the site and is readily available to staff. ii. Provider staff demonstrate knowledge of each risk issue, the corresponding interventions for

		<p>each risk issue, and the negative consequences if plans are not implemented.</p> <p>iii. Staff have an identified contact person for problems with high risk issues (example: contact floor supervisor when individual does not self-correct a “trigger” associated with dysphagia).</p> <p>iv. Documentation procedures for implementation of each risk plan, including the results of implementation of each plan, are in place and being executed per the plan (example: occurrence of “triggers” with dysphagia, intervention taken by staff, and results of intervention).</p> <p>5. Monitoring and revision of each risk plan is occurring as described in the plan.</p> <p>b) If day services are in the plan, but not yet implemented, mark this “n/a”.</p> <p>c) If day services are not included in the plan, mark this “n/a”.</p>
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NOTE: As with all BQIS monitoring procedures, when an issue of concern is discovered during a monitoring visit, and that particular issue is not one that is easily or clearly included in or addressed in the above post transition monitoring process, the BQIS field staff is to discuss the issue with their supervisor, document the issue and their concern in a descriptive manner, and forward this documentation with the checklist findings to all parties identified to receive post transition checklist results.